Г			[1]		<u> </u>		·			· .	• .	
	PATENT APPLICATION FEE DETERMINATION REC							Application or Docket Number				
	PATE					ECOR	D					
Effective October 1, 2003								10808208				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL				R THAN	
 -	TOTAL CLAI	MS ·	100	niumin i)	(Column 2)				OF		ENTITY	
 -	OR			/		_	RATE			RATE	FEE	
L		GEABLE CLAIM		1BER FILED	NUMBER EXTR.	A .	BASIC FE	385.0		BASIC FE	770.00	
-			<u> </u>	minus 20=	* 0	.	X\$ 9=		OR	X\$18=		
<u> </u>	DEPENDENT		12				X43=		OR	X86=		
Livi	MULTIPLE DEPENDENT CLAIM PRESENT						+145=		OR	+290=		
* 1	f the differen	ce in column 1	is less tha	ın zero, enter	"0" in column 2		TOTAL		OR	TOTAL	770 0	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								JOH		770-00	
								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
ΥL		REMAINING	;	NUMB PREVIOU	ER PRESEN		RATE	ADDI- TIONAL	7	RATE	ADDI- TIONAL	
MEN		AMENDMEN	т	PAID F			11/11/2	FEE		HAIL	FEE	
AMENDMENT	Total	*	Minus	**	· =		X\$ 9=		OR	X\$18=		
AM	Independent		Minus	***	=	_	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·+145=		OR	+290=		
							TOTAL		4 4	70711	,	
	(Column 1) (Column 2) (Column 3)						ADDIT. FEE	L	Jon A	DOTAL DOT. FEE		
		CLAIMS REMAINING		HIGHES NUMBE	ī	7 [RATE	ADDI-	7 [ADDI-	
		AFTER AMENDMENT	.	PREVIOU PAID FO	SLY. EXTRA			TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	=.		X\$ 9=		OR	X\$18=	1 55	
: _	Independent	*	Minus	***	=		X43=	· · · · · · · ·	1	X86=		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				LAIM 🔲] 卜	7(10=1		OR	⊼00 <u>=</u>		
			-	٠			+145=	————————————————————————————————————	OR	+290=		
			-	•		Al	TOTAL DDIT. FEE		OR A	TOTAL DDIT: FEE		
Τ,		(Column 1) CLAIMS		(Column		3)						
		REMAINING AFTER		NUMBER	PRESENT		RATE	ADDI- TIONAL		DATE	ADDI-	
-		AMENDMENT		PAID FOR			TAIL .	FEE	L	RATE	TIONAL FEE	
├	ntal .	* '	Minus	**	= .	_	X\$ 9=		OR	X\$18=		
—	dependent	*	Minus	***	=	<u> </u>	X43=		<u> </u>	X86=		
1	INOI PHESE	NTATION OF MU	JLTIPLE DE	EPENDENT CL	AIM	┚┝			~" 			
f th	e entry in colum	145=		OR	+290≈							
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The	*Highest Numb	er Previously Paid	For" (Total o	or Independent) is	s than 3, enter 3. s the highest numb	er found	in the appro	priate box i				

FORM PTO-875 (Rev. 10/03)

Datast and Tradamade Office LLC OFFICE INC.